

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 181-181-D

Registered No. 181-C

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village Rice
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Calvin Dillon

If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth 9-28-29, 19____
(Month, day, year)

9. Full name FATHER Paul Dillon 18. Full maiden name MOTHER Alice Goody

10. Residence (usual place of abode) Rice, Ariz. 19. Residence (usual place of abode) Rice, Ari
(If nonresident, give place and State)

11. Color or race 4/4 Apache Indian 12. Age at last birthday 35 (Years) 20. Color or race 4/4 Apache Indian 21. Age at last birthday 2-5 (Years)

13. Birthplace (city or place) San Carlos 22. Birthplace (city or place) Rice, Ariz.
(State or country) Ariz. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:00P m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from supplemental report.

(Signed) Jash W. Langlin, M.D.

or _____ Midwife

Address Rice, Arizona

Filed _____, 19____ Registrar.

Registrar.

Registrar.